## THIS SPACE FOR OFFICE USE ONLY LOBBYIST MONTHLY REPORT FORM To Be Filed By: State of Idaho LOBBYISTS Ben Ysursa (Sec. 67-6619) 04 FEB -2 PH 3: 40 Secretary of State (Type or print clearly) See instructions at bottom of page s and permanent business address Date prepared month ending William J. Batt 02/02/04 P.O. Box 1308 (Mo.) (Day) (Yr.) Boise, ID 83701 01 31 04 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionals amounts contributed by each employer (Identity employers, under Category of Expenditure Total Item 3, at bottom of page.) Reimbursed Personal Living and Travel nice Pertaining to Labbying Activity De Not Have to be Reported Expenditure Employer No. 4 Employer No. 3 Employer No. 1 Employer No. 2 Entertainment 0.00 Food and Refreshment 0.00 Living Accommodations 0.00 Advertising 0.00 Travel 0.00 Telephone 0.00 Office Expenses 0.00 Other Expenses or Services 0.00 0.00 0.00 0.00 0.00 S Total The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office. Names of Legislators & Public Officials in Group 2 Amount Place Continued on attached page(s) Employer(s) Name(s) and Address(es) **INSTRUCTIONS** No. 1 Idaho Life & Health Guaranty Association Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code Filing deadline: Monthly reports due within ten (10) days of the No. 2 month for activities of the past month. TO BE FILED WITH:

No. 3

No. 4

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Ben Yaursa Secretary of State PO Box 83720

Boise, ID 83720-0080

Phone: (208) 334-2852 Fax: (208) 334-2282

| Ttem   | Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, or for or on behalf of any legislator. |                   |  |  |  |   |  |   |  |  |
|--|---|-------------------|--|--|--|---|--|---|--|--|
| •  | Date  |                   | Λποιπι                                   |  | Name of Legislatur Receiving or Benefited  |   |  |   |  |  |
| Tiem   | Subje   | cr matter         | of proposed logisla                      | ion, the mumber of the Senste                |  | LEGISLATIVE SUI   | BJECT  | IDENTIFICATION  |  |  |
| 5  | or House Bill, Resolution or other legislative setivity in which the Lobbyist was supporting or opposing.   |                   |  | Code   | · Subject  | Code Subject  |  |   |  |  |
| (from  | t Code mble)  | Bill, R. Logislat | esolution or Other<br>tive Ideal. Number | Appropriation Bill Number and Section Number | 01<br>02<br>03<br>04<br>05<br>06<br>07<br>08<br>09<br>10<br>11<br>12<br>13<br>14<br>15<br>16 | Agriculture, horticulture, faming, and livestock Amusements, games, nthletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zonling, land and water use Education Elections, campaigns, voting, politicul parties Equal rights, civil rights, minority affairs Government, financing, iaxation, revenue, budget, appropriations, bids, fices, funds Government, county Government, manicipal Government, interial Government, interial Government, municipal Government, municipal | 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 | Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, farest and forest products, fisheries, mining and mining products Public lands, narks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highwaye, streets and roads Utilicia. communications, televisions, radio, newspaper, power, CATV, gas |  |  |
| CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Islane Cude. |   |                   |  |  |  |   |  |   |  |  |
| Labby  | int signa   | Tare C            | ~ <u>/</u>                               | 02/02/04<br>Dat                              | -  |   |  |   |  |  |